

STATE OF NORTH CAROLINA

File No.

20 CVS 4461

GUILFORD

County

In The General Court Of Justice
☐ District ☒ Superior Court Division

Name Of Plaintiff

Natty Greene's Brewing Company, et al (see attached Complaint ca+)

Address

all c/o 822 N. Elm Street, Suite 200

City, State, Zip

Greensboro NC 27401

VERSUS

Name Of Defendant(s)

Travelers Casualty Insurance Company of America; Travelers Indemnity Company; Sentinel Insurance Company, Limited; Utica National Insurance Group; Frankenmuth Mutual Insurance Company; State Automobile Mutual Insurance Company

CIVIL SUMMONS

☐ ALIAS AND PLURIES SUMMONS (ASSESS FEE)

G.S. 1A-1, Rules 3 and 4

Date Original Summons Issued

Date(s) Subsequent Summons(es) Issued

To Each Of The Defendant(s) Named Below:

Name And Address Of Defendant 1

Travelers Casualty Insurance Company of America
c/o Nicholas Seminara, President
One Tower Square
Hartford CT 06813

Name And Address Of Defendant 2

Travelers Indemnity Company
c/o Jay S. Fishman, President
One Tower Square
Hartford CT 06813

A Civil Action Has Been Commenced Against You!

You are notified to appear and answer the complaint of the plaintiff as follows:

1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address Of Plaintiff's Attorney (if none, Address Of Plaintiff)

Drew Brown
Brown, Faucher, Peraldo & Benson, PLLC
822 N. Elm Street, Suite 200
Greensboro NC 27401

Date Issued

APR 08 2020

Signature

Debra R. Ruzier

Time

12:38 ☐ AM ☒ PM

☒ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

☐ ENDORSEMENT (ASSESS FEE)

This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

Date Of Endorsement

Time

☐ AM ☐ PM

Signature

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

NOTE TO PARTIES: Many counties have **MANDATORY ARBITRATION** programs in which most cases where the amount in controversy is \$25,000 or less are heard by an arbitrator before a trial. The parties will be notified if this case is assigned for mandatory arbitration, and, if so, what procedure is to be followed.

(Over)

AOC-CV-100, Rev. 6/16

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RETURN OF SERVICE

I certify that this Summons and a copy of the complaint were received and served as follows:

DEFENDANT 1

Date Served	Time Served <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Defendant
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- ☐ By delivering to the defendant named above a copy of the summons and complaint.
- ☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- ☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- ☐ Other manner of service (specify)

- ☐ Defendant WAS NOT served for the following reason:

DEFENDANT 2

Date Served 04/20/2020	Time Served <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Defendant Travelers Indemnity Co.
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- ☐ By delivering to the defendant named above a copy of the summons and complaint.
- ☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- ☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- ☒ Other manner of service (specify)

Certified Mail

- ☐ Defendant WAS NOT served for the following reason:

Service Fee Paid \$	Signature Of Deputy Sheriff Making Return
Date Received	Name Of Sheriff (type or print)
Date Of Return	County Of Sheriff